

Copy to Risk Management? Yes ___ No ___ By Whom? _____

Attach Fax Confirmation Please

Bureau Chief's Initials

**HOWARD COUNTY - DEPARTMENT OF RECREATION & PARKS
INCIDENT REPORT/PARTICIPANT ACCIDENT/INJURY FORM**

Page 1 of ___ pages

_____ - _____

Year _____ Report # _____

PRINT PLEASE

REPORTED BY:	DAY/DATE OCCURRED:	DATE REPORTED:
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SITE/LOCATION:	TIME OCCURRED: AM/PM	TIME REPORTED: AM/PM
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ORGANIZATION/PROGRAM:

PERSONAL INJURY OTHER _____ VANDALISM PROPERTY DAMAGE

NAME OF PERSON INJURED, VANDALISED, ETC.:

ADDRESS:	AGE (or estimate approximate):
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TELEPHONE:	EMAIL:
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Body Part Injured (indicate left, right, back, front, etc.):

<input type="checkbox"/> Abdomen _____	<input type="checkbox"/> Ear _____	<input type="checkbox"/> Foot _____	<input type="checkbox"/> Mouth _____	<input type="checkbox"/> Stomach _____
<input type="checkbox"/> Ankle _____	<input type="checkbox"/> Elbow _____	<input type="checkbox"/> Hand _____	<input type="checkbox"/> Neck/Throat _____	<input type="checkbox"/> Teeth _____
<input type="checkbox"/> Arm _____	<input type="checkbox"/> Eye _____	<input type="checkbox"/> Head _____	<input type="checkbox"/> Nose _____	<input type="checkbox"/> Toes _____
<input type="checkbox"/> Back _____	<input type="checkbox"/> Face _____	<input type="checkbox"/> Knee _____	<input type="checkbox"/> Scalp _____	<input type="checkbox"/> Wrist _____
<input type="checkbox"/> Chest/Ribs _____	<input type="checkbox"/> Fingers/Thumb _____	<input type="checkbox"/> Leg _____	<input type="checkbox"/> Shoulder/Collar Bone _____	
<input type="checkbox"/> Other: _____				

Parent/Guardian Notified (Minors only - under 18): in person by phone email other Date/Time: _____

Name of Staff Person taking Action:	Action Taken:
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<input type="checkbox"/> Ambulance called	Hospital/Medical Contact:
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Officer's Name:	Police IR Number:
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Witness 1 – Name:	Address:
Telephone Number:	Email Address:

Witness 2 – Name:	Address:
Telephone Number:	Email Address:

Description of Incident/Accident/Injury (in detail, facts only): Attach Additional Sheet if necessary.

Action by Staff/Follow-up:

Vehicle Tag No:	YR	MAKE	Model	Color:
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Description of Damage (Property Damage/Vandalism):	Estimated Cost of Repairs:	\$

Parent/Guardian Signature (if available) _____	Date _____	PHONE: _____
Employee's Signature _____	Date _____	PHONE: _____
Supervisor's Signature _____	Date _____	PHONE: _____

SERIOUS ACCIDENT: FAX REPORTS TO DEPT. HEADQUARTERS, 410-313-4646 & RISK MGMT 410-313-6399

Attachments _____

